Dear Editor

I have read the first number of Microbes, Infection and Chemotherapy. In my condition of clinical microbiologist specialized in streptococci and streptococcal diseases, my attention was put in one case report written by Valencia-Mesias et al. They described a case of fasciitis presumptively due to Lactococcus garvieae in an immunocompromised young man (1).

Taking into account that Lactococcus spp. are rarely involved in human infections, authors should not rely only in an automated method as Vitek 2 to identify the isolates obtained from the wound of that patient. As Malek et al. (2) and Navas et al. (3) clearly recommended, MALDI-TOF MS and better 16S rRNA or sodA gene sequence analysis should be used to confirm the identification of Lactococcus isolates.

The identification by Vitek 2, consequently, does not allow the authors to affirm that this is the first case of fasciitis due to L. garvieae.

Another detail that I want to highlight is that it is surprising that the administration of clindamycin (susceptible) has been suspended and has been changed to trimethoprim-sulfamethoxazole (resistant), favoring the data from the literature over those obtained by the susceptibility tests. Fortunately, the patient also received vancomycin.

Keywords
Fasciitis, Lactococcus garvieae, Vitek 2.

Conflict of interest
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References